BPL/LAC-800 (07/15) Page 1

Name (First, Middle, Last)

Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Licensing Division P.O. Box 30670 Lansing, MI 48909 (517) 373-8068 www.michigan.gov/accountancy

FOR OFFICE USE ONLY Approved By:
Date Approved:
License Number

Permanent I.D. Number

APPLICATION FOR CPA LICENSE, RELICENSURE, REGISTRATION, **RE-REGISTRATION OR REINSTATEMENT**

AUTHORITY: 1980 PA 299, MCL 338.3434(A), AND 42 USC 654
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Address	City						State	Zip Code
				•				
Telephone Number	U.S. Social Security			E-mail address				
What to apply for:				1				
License (To apply for a CPA license) - For current Mich	igan Certif	icate Holde	ers who hold	l a current	or lapsed regis	stration and wish	to obtain a CPA license.
Relicensure (To reactivate an expire	ed CPA license) - Fe	or current I	Michigan C	ertificate Ho	olders who	se License has	been lapsed for	61 days or more.
Registration (To apply for a CPA regregistration.	gistration) - For curr	ent Michig	an Certifica	ate Holders	who hold a	a current or laps	sed license and w	rish to obtain a CPA
Re-Registration (To reactivate a CP	A registration) - For	current M	ichigan Ce	rtificate Hold	ders whos	e Registration h	nas been lapsed f	or 61 days or more.
Reinstatement (To reinstate a revok	ed CPA license/reg	istration) -	For those	whose Mich	igan Certi	ficate, License,	and/or Registrati	on has been revoked.
FEE PAYMENT INFORMATION	ON (Check One E	ox)	FOR O	FFICE USE	ONLY	FOR OF	FICE USE ON	ILY - VALIDATION
☐ CPA License - If applying betweer an odd year and April 3rd of an ev	•	\$300.00		01-01=\$115 01-16=\$185				
☐ CPA License - If applying betweer an even year and April 3rd of an o		\$200.00		01-01=\$ 75 01-16=\$125				
CPA License - Veteran (see required additional document		e Waived						
☐ CPA Registration - If applying betwoof an odd year and April 3rd of an		\$150.00		01-53=\$ 65 01-16=\$ 85				
☐ CPA Registration - If applying betwoof an even year and April 3rd of an		\$125.00		01-53=\$ 50 01-16=\$ 75				
☐ CPA Registration - Veteran (see required additional document		e Waived						
Relicensure - If applying between an odd year and April 3rd of an ev	•	\$320.00		01-06=\$135 01-16=\$185				
Relicensure - If applying between an even year and April 3rd of an o	•	\$220.00		01-06=\$ 95 01-16=\$125				
Reregistration - If applying betwee an odd year and April 3rd of an ev	•	\$170.00		01-53=\$ 85 01-16=\$ 85				
Reregistration - If applying betwee an even year and April 3rd of an o	•	\$145.00		01-53=\$ 70 01-16=\$ 75				
Reinstatement (only if license is currently revoked)	\$100.00		01-50=\$ 35 01-16=\$ 65				
Make your check or money order in STA	U.S. Currency p	-						
FEES ARE AUTHORIZED BY THE NOT REFUNDABLE.	STATE LICENS	E FEE A	CT, 1979	PA 152 AN	ND ARE			
L ARA is an equal opportunity employer/r	orogram. Auxiliary	aids, servic	es and oth	ner reasonal	ole accom	modations are :	available upon re	guest to individuals with

Date of Birth

disabilities.

Have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?
☐ Yes ☐ No
Since the issuance of your certificate, registration, or license, have you been convicted of a crime you have not previously reported to the Department, an element of which is dishonesty, fraud, or negligence, under the laws of this or another state or of the United States, including, but not limited to, the failure to file a personal federal, state, or local income tax return?
☐ Yes ☐ No
Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?
☐ Yes ☐ No
Required Additional Documents
 If applying for relicensure, attach proof of completing 40 hours of continuing education credit within 12 months immediately preceding the date of application. Eight of the 40 hours shall be in auditing or accounting, or both, and 2 of the 40 hours shall be in ethics.
• If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.
Certification
certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).
Signature Date